

UTAH COMMUTER PERMIT
Utah Department of Agriculture and Food
Division of Animal Industry

ATTENTION:

THE STATE VETERINARIAN MUST RECEIVE THE APPLICATION AT LEAST **TWO WEEKS** PRIOR
TO THE MOVEMENT DATE.

DATE: _____ COMMUTER PERMIT NUMBER: _____

NAME OF HERD OWNER (A PERSON): _____

MAILING ADDRESS: _____
Street Town County State Zip

TELEPHONE: _____ CELL _____ FAX _____

NAME OF RANCH: _____

LOCATION OF RANCH IN HOME STATE: _____

HOW MANY CATTLE: TOTAL _____
BULLS _____ COWS _____ CALVES _____ HEIFERS _____ STEERS _____

BRAND LOCATION OF BRAND: _____

NAME OF YOUR VETERINARIAN: _____ PHONE: _____

This is to certify that the herd requesting permission to graze is an established breeding herd and has not been assembled within the past 6 months. I further certify that any purchased additions to this herd have been tested negative for Brucellosis prior to entry into the herd.

DESTINATION: _____
Nearest Town, State (Description – if under fence, so state)

NAME OF OWNER OF PROPERTY AT DESTINATION: _____

TIME SPENT IN STATE OF DESTINATION: _____ through _____
Month-Date-Year Month-Date-Year

TOTAL NUMBER OF CATTLE IN HERD TO BE GRAZED OUT OF STATE: _____
NUMBER OF BRUCELLOSIS NON-VACCINATES: _____ CULLING RATE: _____
TIME NECESSARY TO ELIMINATE BRUCELLOSIS NON-VACCINATES: _____
ARE ALL HEIFER CALVES BRUCELLOSIS VACCINATED EACH YEAR? YES _____ NO _____
ARE ALL PURCHASED REPLACEMENT FEMALES OFFICIAL BRUCELLOSIS VACCINATES: _____
DO HERDS CO MINGLE? _____

I AGREE TO THE FOLLOWING CONDITIONS:

The following must accompany the shipment both ways:

1. A copy of this permit.
2. A current brand inspection.
3. A Trich test chart, with negative test results, listing all bulls that have been or will be with cows.
(This should be submitted on an Official State Trich Test Chart)
4. A health certificate is required if going to Colorado.

Signature of Cattle Owner _____ Date _____

**THIS PERMIT MUST BE RENEWED IN WRITING ON A YEARLY BASIS. COMMUTER PERMITS ARE
FOR BONA FIDE BREEDING HERDS – NO TRADER CATTLE. (over)**

Owner, please mail these forms to the State Veterinarian of your state for his approval. He will then forward it to the State Veterinarian of the state of destination who, upon approval, will forward the same back you.

STATE VETERINARIANS

ARIZONA: Dr. Richard D. Willer, 1688 W. Adams, Third Floor, Phoenix, AZ 85007.
Office Phone: (602) 542-4293, Office Fax: (602) 542-4290

CALIFORNIA: Dr. Richard E. Breitmeyer, 1220 N Street, Room A-114, Sacramento, CA 95814.
Office Phone: (916) 654-0881, Office Fax: (916) 653-4249

COLORADO: Dr. John F. Maulsby, 700 Kipling St., Suite 4000, Lakewood, CO 80215-8000
Office Phone: (303) 239-4161, Office Fax: (303) 239-4164

IDAHO: Dr. Bill Barton, P.O. Box 7249, Boise, Idaho 83707
Office Phone: (208) 332-8540, Office Fax: (208) 334-4062

NEVADA: Dr. Phil LaRossa, 350 Capitol Hill Ave., Reno, NV 89502
Office Phone: (775) 688-1180, Office Fax: (775) 688-1733

NEW MEXICO: Dr. David Fly, 300 San Mateo Ave. NE, Albuquerque, NM 87108
Office Phone: (505) 841-6161, Office Fax: (505) 841-6160

UTAH: Dr. L. Earl Rogers, P.O. Box 146500, Salt Lake City, UT 84114-6500
Office Phone: (801) 538-7161, Office Fax: (801) 538-7169

WYOMING: State Veterinarian, Wyoming Livestock Board, 2020 Carey Ave., 4th Floor, Cheyenne,
WY 82002. Office Phone: (307)-777-7515, Office Fax: (307)-777-6561

FOR OFFICIAL USE ONLY

APPROVAL - OFFICIAL OF STATE OF ORIGIN

Signature _____

Date _____ Title _____

APPROVAL – OFFICIAL OF STATE OF DESTINATION

I hereby approve your application for movement of cattle as specified in your application upon the recommendation of your State Veterinarian, to be accompanied by this certificate, plus a current Brand Inspection Certificate.

Signature _____

Date _____ Title _____